## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 1200 BRICKELL AVE.

**PROFIT** CORPORATION ANNUAL REPORT

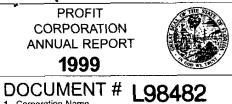
1999

**OURINVEST INTERNATIONAL CORPORATION** 

1. Corporation Name

Principal Place of Business

1395 BRICKELL AVE 8TH FLOOR



DIVISION OF CORPORATIONS

## **FILED** Feb 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

02-22-1999 90028 022 \*\*\*150.00

•
DO NOT WRITE IN THIS SPACE

MIAMI FL 33131 MIAMI FL 33131-3300					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
			_		09/10/1990			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21 1200 B	rickell Avenue	26	26		65-0239661	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					E Contiferate of Status Desired	75 Additional		
22 1220					5. Certificate bi Status Desired Fe	e Required		
City & State City & State					6. Election Campaign Financing \$5	.00 May Be		
23 Miami, FL 28					Trust Fund Contribution Ad	ded to Fees		
Zip	Country	Zip Country			8. This corporation owes the current year Intangible			
24 33131	25 Dade	29 30			Personal Property Tax.	i IXINo		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81 Name				
FREE	Freeman, Stephen				and Court Address (D.O. Den Manches in Not Assemble)			
520 f	Brickell key dr		82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	83				
MIAM	II FL 33131			i				
			84	City	FL  85	Zip Code		
		1 COZ 1500 Flavida Ctatutas	the eberr		corporation submits this statement for the purpose of changi	na its registered		
office or re	edistered agent, or both, in the State of	Florida. Such change was autho	orized by	the con	poration's board of directors. I hereby accept the appointment	as registered		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent s						TOTODO IN 42		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRI			
TITLE	DP	☐ DELETE	1.1 TITLE			ange [] Addison		
NAME	PAZOS, WILLIAM A		1.2 NAME			ļ		
STREET ADDRESS	520 BRICKELL KEY DR. 0-305		1.3 STREET	ADDRESS	5	İ		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-S	T-ZIP				
TITLE	V	☐ DELETE	2.1 TITLE		□ Ch	ange 🔲 Addition		
NAME	POLITI, MOISE		2.2 NAME					
STREET ADDRESS	501 BRICKELL KEY DR 0-305		2.3 STREET	ADDRESS	\$	1		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY- S	IT-ZIP				
TITLE	AV	☐ DELETE	3.1 TITLE		□ Ch	ange		
NAME	RUTH, MELISSA M		3.2 NAME		V.P.			
STREET ADDRESS			3.3 STREE	ADDRESS	Ruth, Melissa M			
CITY-ST-ZIP	AN SAM PR		3.4. CITY-9		501 Brickell Key Drive 0-305 Mi	ami, FL		
TITLE	S S	☐ DELETE	4.1 TITLE		Ch	ange		
NAME	FREEMAN, STEPHEN	- <del>-</del>	4 2 NAME					
	501 BRICKELL KEY DR 0-305			r address		ł		
STREET ADDRESS			4.4 CITY-S			ļ		
CfTY-ST-ZIP	MIAMI FL	□ DELETE	5.1 TITLE	1-430	☐ Ch	ange Addition		
TITLE		C DELETE	5.1 MLE 5.2 NAME			· -		
NAME			5.3 STREE	LVUUDEGG				
STREET ADDRESS						]		
CITY-ST-ZIP		C) process	5.4 CITY-S 6.1 TITLE	1-41	, Ch	ange		
TITLE		☐ DELETE				ange LI Modition		
NAME			6.2 NAME		·			
STREET ADDRESS			6.3 STREE	FADDRESS	8			

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

.... William A. Pazos WIIIIAM - A., PAZO

01/06/99

(305)539-9980